

Member logs into the application and is able to access their Health Assessment. The member will click on 'Benefits' to view or edit their 2015 benefits.


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Complete your Health Assessment to earn premium credits on the Enhanced 80/20 and the new Consumer-Directed Health Plans. [Access Your Health Assessment](#)


Welcome, Jessica!


Last Login: Thu Jul 31, 2014 10:54:37 AM EDT


Important Documents
[Subscriber Detail Report](#)


**Profile**
View and edit personal information

**Benefits**
View and edit benefit information

**Medicare**
View and edit Medicare

**Login Information**
Edit Password

**Dependents**
View and edit dependent information

**Language Preferences**
Edit language preferences

The member is taken to their Benefits page and will see 2 tabs; Current Benefits and Open Enrollment Benefits. To edit their 2015 election or complete Premium Wellness Credits the member will click on *View/Edit Information* on the Open Enrollment Benefits tab.


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Open Enrollment Benefits

Enrollment Complete!
You have completed enrollment for the next benefit year. To make changes to any of your benefits select "view details", then "view/edit information".

Current Benefits

Open Enrollment Benefits



2015 SHP Medical

[View / Edit Information](#)

✔ Section Complete! Available to Edit until 10/31/2014

Medical
Plan Name: Enhanced 80/20 PPO Plan
Coverage: Employee and Spouse
You Pay: \$303.28 every two weeks

Note: All changes to your benefits must be approved by your Health Benefits Representative before they become effective.

Key actions available:

- Complete Premium Wellness Credits the member will click *Edit* next to *Premium credits*
- Select a new plan by clicking *Edit* next to the currently selected *Plan*
- Add or remove dependents by clicking *Edit* next to *Dependents*

2015 SHP Medical

Your benefit summary is shown below. To make changes, click Edit.



Medical

Medical: Accepted [Edit](#)

Plan: Enhanced 80/20 PPO Plan [Edit](#)

Coverage Level: Employee and Spouse

You Pay: \$312.51 every two weeks

Cost Details	
Plan Cost	319.43
Primary Care Provider	(\$6.92)
Smoker Attestation	(\$0.00)
Health Assessment	(\$0.00)
You Pay	\$312.51

Premium credits [Edit](#)

Primary Care Provider: Jessica Smith: Ronald Johnson

John Smith: Ronald Johnson

[Edit](#)

Effective Date: 01/01/2015

Medicare [Edit](#)

None

Additional Insurance [Edit](#)

None

Dependents [Edit](#)

Name	Relationship	Status
John Smith	Spouse	
To edit a person's Name or SSN, click the person's name.		

Updating Premium Wellness Credits:

Premium Credits

Please complete the activities below to receive premium credits.

▼ Primary Care Provider

✓ \$4.62 every two weeks

Your credit has been applied!

Search from the list of providers to enter your PCP (Primary Care Provider) information.

		PCP Name
Jessica BorTest9775	Search	Jane Smith

Next

▶ Health Assessment

🔔 \$0.00 every two weeks

▶ Smoker Attestation

🔔 \$0.00 every two weeks

Next

Previous

Cancel

Premium Credits

Please complete the activities below to receive premium credits.

▶ Primary Care Provider

✓ \$4.62 every two weeks

▼ Health Assessment

🔔 \$0.00 every two weeks

Complete your health assessment to earn premium credits!

Access Your Health Assessment

Next

▶ Smoker Attestation

🔔 \$0.00 every two weeks



Premium Credits

Please complete the activities below to receive premium credits.

▶ Primary Care Provider	✓ \$4.62 every two weeks
▶ Health Assessment	❓ \$0.00 every two weeks
▼ Smoker Attestation	❓ \$0.00 every two weeks

I and, if applicable, my spouse are not tobacco smokers or promise to participate in a tobacco smoking cessation program, during this benefit year.

I understand that making a false statement, representation or attestation to the Plan could result in my termination from the Plan and that by attesting to my tobacco status I am also agreeing to cooperate with the Plan in efforts to verify that status.

☒ I Agree

☐ I Disagree

Next

Previous

Cancel

Once the member has responded to the Wellness Incentives he will be able to review his total cost and/or make additional changes.



2014 SHP Medical

Your 2014 SHP Medical benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.

Please review the information below. If you would like to make any changes, click **Edit**. Once you are finished, acknowledge that you have reviewed the information and click **Save**.



Medical

Medical: Accepted [Edit](#)

Plan: Consumer Directed Health Plan (CDHP) with HRA [Edit](#)

Coverage Level: Employee Only

Your Cost: \$15.49 every two weeks

Cost Details	
Initial Cost	29.34
Primary Care Provider	(\$4.62)
Smoker Attestation	(\$9.23)
Health Assessment	(\$0.00)
Your Total Cost	\$15.49

Premium Credits [Edit](#)

Primary Care Provider: Jessica BorTest9775: Jane Smith [Edit](#)

Effective Date: 01/01/2014

Additional Insurance [Edit](#)

None

Dependents [Add Dependent](#)

None

Should the member choose to change his Coverage Level then he can add or remove dependents.



✓ Profile — ✓ Shop for benefits — 3 Confirm & finish

Medical: Who do you want to cover?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Select	Name	Relationship	Date of Birth	Gender	
<input checked="" type="checkbox"/>	Jessica Smith	Subscriber	01/01/1980	Female	
<input checked="" type="checkbox"/>	John Smith	Spouse	04/01/1979	Male	Actions ▾

Add Dependent

Decline Coverage

I would like to decline Medical coverage.

Next

Previous



Medical: Who do you want to cover?

If no one, select 'Next' to continue to enroll.

Select	Name	Relationship	Date of Birth	Gender	
<input checked="" type="checkbox"/>	Jessica BorTest9775	Subscriber	01/01/1980	Female	

Add Dependent

First name *	Middle name	Last name *
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Test"/>
Suffix <input type="text" value="---Please Select---"/>	Preferred name <input type="text"/>	
Date of Birth * <input type="text" value="04/24/1979"/>		
Gender * <input type="radio"/> Female <input checked="" type="radio"/> Male		
Race <input type="text" value="---Please Select---"/>		
SSN ? <input type="text" value="111-11-1111"/>		
Relationship * <input type="text" value="Spouse"/>		

Address

☒ Use Subscriber Address

Save

Save & add another

Cancel

Decline Coverage

I would like to decline Medical coverage.

Next

Previous



Medical: Additional Insurance

Currently, do any of the persons covered for this benefit including yourself have other health insurance?

☒ Yes

☐ No

Additional insurance information should NOT be supplied on non-medical policies such as Dental, Vision, Life, Cancer or Medicaid. You do not need to provide information on policies you have previously had with other State Health Plan agencies. Additional insurance information is used to coordinate benefits if you or your dependents have other medical coverage in addition to the State Health Plan, which will continue after you are enrolled in the State Health Plan.

Next

Previous

Cancel

Once the member has completed making any edits to their 2015 benefits the member can then click *Return Home* to print their *Subscriber Detail Report*.


Open Enrollment Benefits

Enrollment Complete!

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Current Benefits

Open Enrollment Benefits

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Plan Name: Enhanced 80/20 PPO Plan
Coverage: Employee and Spouse
You Pay: \$303.28 every two weeks


Note: All changes to your benefits must be approved by your Health Benefits Representative before they become effective.

Return home




Congratulations, Jessica! You have successfully completed your enrollment process.

Your confirmation number is: 509488610-75sc12. Please review and print your Benefit Detail Report for your records.

 [Print your enrollment details](#)

Complete your health assessment to earn premium credits!

[Access Your Health Assessment](#) 



Profile

View and edit personal information



Questionnaire

View / Edit



Benefits

View and edit benefit information



My Document Center

View and upload required documents



Medicare

View and edit Medicare



Login Information

Edit Password



Dependents

View and edit dependent information



Language Preferences

Edit language preferences

Important Documents

 [Subscriber Detail Report](#)